

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735895

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** BACH FESTIVAL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

407 PARADISE ISLAND DRIVE  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2764  
LAKELAND, FL 338062764 US

**New Mailing Address:**

FEI Number: 51-0204813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HASSE, MARIE  
407 PARADISE ISLAND DRIVE  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HASSE, MARIE  
Address: P.O. BOX 2764  
City-St-Zip: LAKELAND, FL 338062764 US

Title: S  
Name: BOND, LINWOOD  
Address: P.O. BOX 2764  
City-St-Zip: LAKELAND, FL 338062764 US

Title: D  
Name: OLDT, THOMAS R  
Address: P.O. BOX 2764  
City-St-Zip: LAKELAND, FL 338062764

Title: D  
Name: THOMASSON, JOHN  
Address: P.O. BOX 2764  
City-St-Zip: LAKELAND, FL 338062764 US

Title: T  
Name: BENNER, V. PAUL  
Address: P.O. BOX 2764  
City-St-Zip: LAKELAND, FL 338062764 US

Title: D  
Name: DAVIDSON, K C  
Address: P.O. BOX 2764  
City-St-Zip: LAKELAND, FL 338062764 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: V. PAUL BENNER

T

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date